during the prodromal stage, the author also injected subcutaneously blood from a patient who was developing symptoms during her puerperium, which later turned out to be a dementia præcox. No effect was seen, but blood was taken from the same patient four weeks later, during a fresh attack, and injected, was shortly followed by vertigo, and later by cardiac palpitation, cerebral pressure, and a marked feeling of fear. All these symptoms subsided on the following day. A similar experiment with the blood taken from a more advanced case in a condition of stupor at the time, was also followed by results which were much more marked and severe and did not subside for a week. The experiments were then continued on animals and a basis secured for further investigation in regard to the changes which specific toxins contained in the circulating blood may cause in the central nervous system. The details are not suitable for a brief abstract. They consist mainly of observations made with the serum secured from the goat which had been made neurotoxic for dogs, by the continued subcutaneous injection of triturated cerebrum from the brains of dogs. Intracerebral injections of this goat serum in dogs was followed by well-marked pathological changes in the pyramidal cells of the cerebral cortex and later on a large aggregation of leucocytes, around these degenerated cells. Similar pathological conditions have been found in patients afflicted with acute psychoses and also in other cerebral diseases, but the author is not as yet prepared to draw final conclusions until further proof has been secured.

JELLIFFE.

BEST METHODS OF COUNTERACTING PSYCHOSES DUE TO THE STRAIN AND STRESS INCIDENT TO OUR PUBLIC SCHOOL METHODS. William J. Herdman (Journal Am. Med. Ass'n, Nov. 14, 1902).

Among the physical defects noted by physicians among school children are abnormalities of the special senses; chiefly those of sight and hearing. Examination of the eyes in the high schools of Europe shows that over 40 per cent. were near-sighted to a greater or less degree. Eye strain is one of the quickest and surest ways for bringing about brain exhaustion and mental fatigue. Many children with visual defects are unable to bear the strain of ordinary school requirements, without developing neurasthenia, hysteria, or some form of mental instability.

Disorders of menstruation and an unhealthful state of the generative organs are a frequent cause of reduction of nerve energy. These conditions are more directly the cause of neuroses and psychoses than the school curriculum. Periods of study too prolonged, and a disregard to the vital waves of alertness and acquisitive capacity are faults justly charged to school methods.

The writer advises: (1) A careful medical inspection of schools; (2) that all teachers should be well instructed in physiology and psychology of the child; (3) school buildings should be better constructed with reference to modern school hygiene; (4) the curriculum should be more flexible, to allow more variation of the course of study for the individual needs of the child. NOYES.

TYPHOID PARALYSIS. S. Ceraulo and G. Granozzi (Gazz. Siciliana de Med., July 2, 9, 1903).

Of the forms of paralysis depending upon typhoid infection, monoplegia is most frequently seen, hemiplegia and paraplegia being of rare occurrence. The appearance of paralysis seems to bear no relation to the gravity of the disease; this complication sometimes occurring in the lightest cases, while the most severe may run their course without any form of paralysis. Monoplegia is usually preceded by a sense of numbness, weakness and coldness followed by pain, which may be very severe and persist after the paralysis has subsided. The latter may last from a week to several months and is accompanied by abolition or diminution of tendon reflexes and sensibility. Hemiplegia may appear in the course of the disease, but usually appears during convalescence; and its onset is generally sudden. Paraplegia also makes its appearance, as a rule, during convalescence. In a few cases paralysis may extend to the pons and give rise to the symptoms of Duchenne's subacute general paralysis; in others, one of the cranial nerves may be involved; and in one instance, paralysis of one of the abductors of the vocal cords necessitated tracheotomy. Lastly, disturbances of speech may occur in the course of the disease or during convalescence; and children are especially prone to aphasia. As to the pathogenesis, a toxic neuritis or lesion of one of the nerve-centers is generally responsible for the monoplegias. Not so, however, with the hemiplegias, which may be ascribed to thrombosis or embolism of the sylvian artery or else to hemorrhage. Paraplegia is, for the most part, due to polyneuritis or to a medullary lesion. The transitory aphasias of children—generally of toxic origin—are to be distinguished from those of adults, which are often associated with obliterating endarteritis of the Sylvian artery, embolism or thrombosis. The prognosis is good in most cases of typhoid paralysis. Intoxication being directly or indirectly responsible for such affections, elimination of the toxins should be promoted by free diuresis and other measures. Tonic treatment, massage, baths and electricity all contributes their quota toward the cure of typhoid paralysis.

FIELDING.

TWO CASES OF TRANSCORTICAL SENSORY APHASIA CAUSED BY A TUMOR OF THE LEFT TEMPORAL LOBE. J. Scholtens (Psychiatrische en Neurologische Bladen, 1903, March, April).

The mechanism of speech, as is well known, develops after individually different lines. It is probable that the usage or non-usage of associated fibres, which carry the psycho-physiological impulse, has an influence upon the resistance of these fibres against a lesion. So it is possible that with the same localization a tumor in different persons may cause different disturbances of speech. In the apperception of words in general in one person the visual, in some others the acoustical are predominant. The author adheres to the division in sub-cortical and trans-cortical aphasia, but points out, that it is a purely clinical and arbitrary denomination, which does not presume anything at all about an accurate localization. The first case, a patient of Prof. Winkler, is that of a gardener, 51 years old, suffering since a couple of months from symptoms, indicating a growing tumor, in the left hemisphere. Vision and audition are not disturbed. *He hears words; understanding of words* is correct; *comprehension of words* is disturbed. This becomes clear if patient answers a rather uncommon question. Asked to present his left hand, he looks at that hand, but does not lift it up. There is no echolalia; he recognizes a patriotic song; he does not recollect the words. He recognizes objects very well; the denomination is disturbed.

Patient *sees letters* and names them, also numbers; he reads *written phrases* correctly; it is doubtful whether he comprehends them. *Reading aloud* is correct; he cannot repeat it. He speaks very little spontaneously; he repeats spoken words well. *Spontaneous writing* is disturbed; also *writing on dictation.*

On account of this sensory aphasia and the other symptoms a tumor of the left temporal lobe was diagnosed. The left facial paralysis is explained by supposing a strong associative connection of the facialis center with the speech mechanism.

After incision of the dura a gliosarcomatous tumor is found and extirpated. Patient suffers no more of headache and feels well.

In a second case, also a patient of Prof. Winkler's, where a large tumor was found in the temporo-sphenoidal lobe, the following symptoms were present: